1391626

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

PROCESSED

MAY 2 0 2008

THOMSON REUTERS

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FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPR	OVAL.	
OMB Num	ber:	3235-00	76
Expires: Estimated	April	30.200	-
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	Mail Processing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	Section
Type of Filing: New Filing Amendment	,
	MAY 122008
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	Washington, DC
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	51@si
Freedom Grill, Inc.	טשט יושט
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone N	lumber (Including Area Code)
13771 Danielson Street Suite G, Poway CA 92064 858-513-8332	2
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone l (if different from Executive Offices)	Number (Including Area Code)
Brief Description of Business	
design, marketing, and sales of bbq grills and accessories	
Type of Business Organization	
corporation limited partnership, already formed other (please spec	THE RESERVE OF THE PARTY OF THE
business trust limited partnership, to be formed	0804B297
Month Year	000 T
Actual or Estimated Date of Incorporation or Organization: 018 012 Actual Estimated	•
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction)	1
GENERAL INSTRUCTIONS	

Federal.

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d/6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Filth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply:	· · · · · · · · · · · · · · · · · · ·		A. BASIC IDE	ENTIFICATION DATA	<u> </u>	1
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity societies of the issue Each executive officer and direction of corporate issuers and of corporate general and managing partners of partnership issuers, and Each executive officer and direction of corporate issuers and of corporate general and managing partners of partnership issuers, and Each executive officer and direction of partnership issuers. Check Box(es) that Apply:	2. Enter the information re	quested for the foll				
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply:	 Each promoter of t 	he issuer, if the issu	uer has been organized w	ithin the past five years;		1
Beach general and managing partner of partnership issuers. Theek Box(es) that Apply:	Each beneficial own	ner having the powe	r to vote or dispose, or di	ect the vote or disposition	of, 10% or more of a	class of equity securities of the issue
Beach general and managing partner of partnership issuers. Theek Box(es) that Apply:	Each executive offi	icer and director of	corporate issuers and of	corporate general and man	aging partners of pa	artnership issuers; and
Caligus, Steven Caligus, Steven	Each general and n	nanaging partner of	partnership issuers.			
Managing Partner Managing Par			·			
Director General and/or Managing Partner Street, City, State, Zip Code	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
Check Box(es) that Apply:	Full Name (Last name first, i Caliguri, Steven	f individual)				i I
Managing Patrner Managing Patrner Managing Patrner Managing Patrner Managing Patrner Salter, Scott Sulter, Scott Sundarian, Sulter, Scott Sulter, Sc			-	ode)		1
Salter, Scott Business or Residence Address (Number and Street, City, State, Zip Code) 3771 Danielson Street, Suite G Poway CA 92084 Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
Check Box(es) that Apply:	Full Name (Last name first, i Salter, Scott	f individual)				
Check Box(es) that Apply:	Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Managing Partner	13771 Danielson Street, S	Suite G Poway C	A 92064			4
Business or Residence Address (Number and Street, City, State, Zip Code) 13771 Danielson Street, Suite G Poway CA 92064 Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Executive Officer	Director	□
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Full Name (Last name first, i LeDuc, Ernest	f individual)				
Check Bux(es) that Apply:	Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Managing Partner Full Name (Last name first, if individual) Rickard, Ray Business or Residence Address (Number and Street, City, State, Zip Code) 17108 Castello City San Diego, CA 92127 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Valentline, Jarnes Business or Residence Address (Number and Street, City, State, Zip Code) 4422 Lowell Street, Washington, DC 20016 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	13771 Danielson Street,	Suite G Poway C	A 92064			
Business or Residence Address (Number and Street, City, State, Zip Code) 17108 Castello Circle San Diego, CA 92127 Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
Business or Residence Address (Number and Street, City, State, Zip Code) 17108 Castello Circle San Diego, CA 92127 Check Box(es) that Apply:	Full Name (Last name first,	if individual)	- 			
Check Box(es) that Apply: Promote: Beneficial Owner Executive Officer Director General and/or Managing Partner	Rickard, Ray					
Full Name (Last name first, if individual) Valentine, James Business or Residence Address (Number and Street, City, State, Zip Code) 4422 Lowell Street, Washington, DC 20016 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)				ode)	· · · · · · · · · · · · · · · · · · ·	l
Full Name (Last name first, if individual) Valentine, James Business or Residence Address (Number and Street, City, State, Zip Code) 4422 Lowell Street, Washington, DC 20016 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Valentine, James Business or Residence Address (Number and Street, City, State, Zip Code) 4422 Lowell Street, Washington, DC 20016 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Pariner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Pariner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)		<u>. </u>	_	J		Managing Partner
Address or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Managing Partner Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	•	if individual)				
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Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	4422 Lowell Street, Was	hington, DC 200	016			1
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	·
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first,	if individual)				
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)		
Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	- , ,
Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first.	if individual)				
	and the state of t					į.
	Business or Residence Addr	ess (Number and	Street, City, State, Zin (Code)		
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		(Usc bla	ink sheet, or copy and us	e additional copies of this	sheet, as necessary)	

				B. 11	FORMATI	ON ABOU	T OFFERI	٧G			[······
l. Has the	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No R	
	Answer also in Appendix, Column 2, if filing under ULOE.									7		
2. What is	the minim	um investm	ent that w	ili be acce	pted from a	ny indiviá	ual?	***************************************		,,	s 50,	00.00
3. Does th	e offering i	nermit inint	owaershir	n of a sino	le unit?	·					Yes	No rzn
		-		_	ho has bee							K
If a pers or state	son to be list s, list the na	ted is an ass me of the b	ociated per roker or de	rson or age aler. If mo	of purchase int of a brok ire than five on for that	er or deale: (5) persor	r registered is to be liste	with the S ed are asso	EC and/or	with a state	, i	
Full Name (Last name	first, if indi	vidual)								•	
Business or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)		 				
Name of As	sociated Br	aker or De	aler .									
ivanic of As	sociated Di	OKEI UI DE	1101									
States in Wi						-		 -				
(Check	"All States	" or check	individual	States)	***************************************	••••••••		•••••••••	••••••		AI	States
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IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	OK]	MS OR	MO PA
RI	SC	SD	ואחי	TX	UT	VT	VA	WA	WV	(WI)	WY	PR
Full Name (Last name	first, if indi	ividual)			-					1	
Business or	Residence	Address (?	Number an	d Street, C	ity, State,	Zip Code)			<u></u>		- 	
Name of As	sociated Br	oker or De	aler	- 								
States in W	hich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	or check	individual	States)			••••••••••	**************		***************************************	_ <mark> </mark> ∧ı	States
ĀĹ	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	H	(ID)
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Full Name (Last name	first, if ind	ividual)								-!-	
Durings o	- Dacidan	A 44=== (1	N	d St 4 C	The Care S	2: C- 4->						
Business or Residence Address (Number and Street, City, State, Zip Code)									1			
Name of Associated Broker or Dealer								i				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)								•••••	_ A	Il States		
AL	AK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	Hİ	ID
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(MT)	NE SC	NV)	NH)	TX	MM UT	YY) (VT)	NC) VA	ND WA	OH WV	OK WI	OR WY	PA PR

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS		1
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			1
	Type of Security	Aggregate Offering Pric	С	Amount Already Sold
	Debt	•		\$
	Equity			\$i
	Common Preferred		_	
	Convertible Securities (including warrants)	300,000.00)	s 300,000.00
	Partnership Interests			s
	Other (Specify)			s
	Total)	\$ 300,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		_	
! . .	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			:
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		_	\$ 300,000.00
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)		_	\$ 300,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			1
} .	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			ì
	Type of Offering	Type of Security		Dollar Amount
	Rule 505	•		ė soia
	Regulation A		_	·
	Rule 504		-	·
	Total		_	\$ 0.00
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the		_	<u>" </u>
	securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			¥.
	Transfer Agent's Fees	************	П	s
	Printing and Engraving Costs			\$
	Legal Fees		Z	\$ 5,000.00
	Accounting Fees		$\overline{\Box}$	\$
	Engineering Fees			s
	Sales Commissions (specify finders' fees separately)			\$ 25,000.00
	Other Expenses (identify)			\$
	T . 1		_	30,000,00

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	1	
	and total expenses furnished in response to Part C-	ering price given in response to Part C — Question I — Question 4.a. This difference is the "adjusted gross		\$2	70,000.00
5.	each of the purposes shown. If the amount for a	roceed to the issuer used or proposed to be used for my purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross at C—Question 4.b above.		; ;	
			Payments to Officers. Directors, & Affiliates	i 1	Payments to Others
	Salaries and fees	[. 🖂 S	·
	Purchase of real estate	[្ឋ	·
	Purchase, rental or leasing and installation of ma	achinery	 ¬\$		S
	Construction or leasing of plant buildings and fa	cilities			3
	Acquisition of other businesses (including the va offering that may be used in exchange for the as-		¬ s		
	*			. L.,	`
				П	300,000.00
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				_ [300,000.00
	Total Payments Listed (column totals added)		∠ \$_3	00,00	0.00
Г		D. FEDERAL SIGNATURE			·
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fi	ne undersigned duly authorized person. If this notice urnish to the U.S. Securities and Exchange Commiscredited investor pursuant to paragraph (b)(2) of large	s is filed under Russion, upon writte		
Iss	uer (Print or Type)	Signature - / 1//	Date		
	eedom Grill, Inc.		4/3/08		<u> </u>
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			
	ven J. Caligu ri	President and CEO			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

/				
		E STATE SIGNATURE		
1.		230.262 presently subject to any of the disquali		No K
		See Appendix, Column 5, for state respo	nse.	
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times	ertakes to furnish to any state administrator of an as required by state law.	y state in which this notice is filed a n	otice on Form
3.	The undersigned issuer hereby und issuer to offerees.	dertakes to furnish to the state administrators, u	pon written request, information fur	nished by the
4.	limited Offering Exemption (ULO)	that the issuer is familiar with the conditions the conditions the conditions that the conditions have been set that these conditions have been set.	nderstands that the issuer claiming th	
	uer has read this notification and knov athorized person.	vs the contents to be true and has duly caused this	notice to be signed on its behalf by th	e undersigned
Issuer	(Print or Type)	Signature /	Date	
Freedo	om Grill, Inc.	Stlen	4/3/08	
Name	(Print or Type)	Title (Print of Type)		<u></u>
Steve	n J. Caligu ri	President and CEO		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 l Disqualification Type of security under State ULOE Intend to sell (if yes, attach and aggregate to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited No Yes Investors Investors State No Amount Yes Amount AL ΑK ΑZ Convertible Note \$50,000.00 × X \$50000.00 AR CA Convertible Note 2 \$100,000.00 X X \$100000 00. COCT DE DC FL GA HI ID ΙL IN ſΑ KS KY LA ME MD MA MI MN MS

L	<u> </u>		<u> </u>	APP	ENDIX		·.	1		
1	Intend to non-a investor	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rehased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
мо								-		
МТ										
NE										
NV					i					
NH										
NJ										
NM										
NY		×	Convertible Note	1	\$150,000.00	<u> </u>			×	
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1		2	3 Type of security		4				
	to non-a	to sell accredited s in State a-Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and explanamount purchased in State waiver (Part C-Item 2) under State in State waiver			amount purchased in State		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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END